



STATE OF ARKANSAS  
SECURITIES DEPARTMENT  
HERITAGE WEST BUILDING, SUITE 300  
201 EAST MARKHAM STREET  
LITTLE ROCK, AR 72201



TELEPHONE: 501.324.9260 FAX: 501.324.9268 INTERNET: [www.state.ar.us/arsec](http://www.state.ar.us/arsec)

CI Form 003

PRINCIPALS, PARTNERS, OFFICERS, TRUSTEES, DIRECTORS AND MANAGERS

Instructions. List all persons having an interest in the Applicant as owner, partner, director or executive officer. All changes in ownership must be reported to the Commissioner within 30 days.

Copy this page as necessary and attach.

|   |                          |
|---|--------------------------|
| Applicant/Licensee: .....                                   | AR License Number* ..... |
| *Enter "PENDING" if license number has not yet been issued. |                          |

| Type of Person<br>(Check all that apply)   | Owner-<br>ship % | Last, First, Middle Name & Title                         | Telephone Number | SSN   | Date of<br>Employment |
|--|------------------|--|------------------|-------|-----------------------|
| <input type="checkbox"/> Owner<br><input type="checkbox"/> Director<br><input type="checkbox"/> Partner<br><input type="checkbox"/> Officer<br><input type="checkbox"/> Other<br>(Explain) | .....            | Last .....<br>First .....<br>Middle .....<br>Title ..... | .....            | ..... | .....                 |
| <input type="checkbox"/> Owner<br><input type="checkbox"/> Director<br><input type="checkbox"/> Partner<br><input type="checkbox"/> Officer<br><input type="checkbox"/> Other<br>(Explain) | .....            | Last .....<br>First .....<br>Middle .....<br>Title ..... | .....            | ..... | .....                 |
| <input type="checkbox"/> Owner<br><input type="checkbox"/> Director<br><input type="checkbox"/> Partner<br><input type="checkbox"/> Officer<br><input type="checkbox"/> Other<br>(Explain) | .....            | Last .....<br>First .....<br>Middle .....<br>Title ..... | .....            | ..... | .....                 |